

AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Illinois Dental Practice Act is amended by changing Sections 4, 8.1, 17, 17.1, 18, 18.1, 38.2, and 54.3 as follows:

(225 ILCS 25/4) (from Ch. 111, par. 2304)

(Section scheduled to be repealed on January 1, 2026)

Sec. 4. Definitions. As used in this Act:

"Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address and those changes must be made either through the Department's website or by contacting the Department.

"Department" means the Department of Financial and Professional Regulation.

"Secretary" means the Secretary of Financial and Professional Regulation.

"Board" means the Board of Dentistry.

"Dentist" means a person who has received a general license pursuant to paragraph (a) of Section 11 of this Act and who may

perform any intraoral and extraoral procedure required in the practice of dentistry and to whom is reserved the responsibilities specified in Section 17.

"Dental hygienist" means a person who holds a license under this Act to perform dental services as authorized by Section 18.

"Dental assistant" means an appropriately trained person who, under the supervision of a dentist, provides dental services as authorized by Section 17.

"Expanded function dental assistant" means a dental assistant who has completed the training required by Section 17.1 of this Act.

"Dental laboratory" means a person, firm or corporation which:

(i) engages in making, providing, repairing or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues; and

(ii) utilizes or employs a dental technician to provide such services; and

(iii) performs such functions only for a dentist or dentists.

"Supervision" means supervision of a dental hygienist or a dental assistant requiring that a dentist authorize the procedure, remain in the dental facility while the procedure is

performed, and approve the work performed by the dental hygienist or dental assistant before dismissal of the patient, but does not mean that the dentist must be present at all times in the treatment room.

"General supervision" means supervision of a dental hygienist requiring that the patient be a patient of record, that the dentist examine the patient in accordance with Section 18 prior to treatment by the dental hygienist, and that the dentist authorize the procedures which are being carried out by a notation in the patient's record, but not requiring that a dentist be present when the authorized procedures are being performed. The issuance of a prescription to a dental laboratory by a dentist does not constitute general supervision.

"Public member" means a person who is not a health professional. For purposes of board membership, any person with a significant financial interest in a health service or profession is not a public member.

"Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning and care of conditions within the human oral cavity and its adjacent tissues and structures, as further specified in Section 17.

"Branches of dentistry" means the various specialties of dentistry which, for purposes of this Act, shall be limited to the following: endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry,

periodontics, prosthodontics, and oral and maxillofacial radiology.

"Specialist" means a dentist who has received a specialty license pursuant to Section 11(b).

"Dental technician" means a person who owns, operates or is employed by a dental laboratory and engages in making, providing, repairing or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues.

"Impaired dentist" or "impaired dental hygienist" means a dentist or dental hygienist who is unable to practice with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination or written consent based on clinical evidence, including deterioration through the aging process, loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish the person's ability to deliver competent patient care.

"Nurse" means a registered professional nurse, a certified registered nurse anesthetist licensed as an advanced practice registered nurse, or a licensed practical nurse licensed under the Nurse Practice Act.

"Patient of record" means a patient for whom the patient's most recent dentist has obtained a relevant medical and dental history and on whom the dentist has performed an examination

and evaluated the condition to be treated.

"Dental responder" means a dentist or dental hygienist who is appropriately certified in disaster preparedness, immunizations, and dental humanitarian medical response consistent with the Society of Disaster Medicine and Public Health and training certified by the National Incident Management System or the National Disaster Life Support Foundation.

"Mobile dental van or portable dental unit" means any self-contained or portable dental unit in which dentistry is practiced that can be moved, towed, or transported from one location to another in order to establish a location where dental services can be provided.

"Public health dental hygienist" means a hygienist who holds a valid license to practice in the State, has 2 years of full-time clinical experience or an equivalent of 4,000 hours of clinical experience and has completed at least 42 clock hours of additional structured courses in dental education approved by rule by the Department in advanced areas specific to public health dentistry, including, but not limited to, emergency procedures for medically compromised patients, pharmacology, medical recordkeeping procedures, geriatric dentistry, pediatric dentistry, pathology, and other areas of study as determined by the Department, and works in a public health setting pursuant to a written public health supervision agreement as defined by rule by the Department with a dentist

working in or contracted with a local or State government agency or institution or who is providing services as part of a certified school-based program or school-based oral health program.

"Public health setting" means a federally qualified health center; a federal, State, or local public health facility; Head Start; a special supplemental nutrition program for Women, Infants, and Children (WIC) facility; or a certified school-based health center or school-based oral health program.

"Public health supervision" means the supervision of a public health dental hygienist by a licensed dentist who has a written public health supervision agreement with that public health dental hygienist while working in an approved facility or program that allows the public health dental hygienist to treat patients, without a dentist first examining the patient and being present in the facility during treatment, (1) who are eligible for Medicaid or (2) who are uninsured and whose household income is not greater than 200% of the federal poverty level.

"Teledentistry" means the use of telehealth systems and methodologies in dentistry and includes patient care and education delivery using synchronous and asynchronous communications under a dentist's authority as provided under this Act.

(Source: P.A. 99-25, eff. 1-1-16; 99-492, eff. 12-31-15;

99-680, eff. 1-1-17; 100-215, eff. 1-1-18; 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

(225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

(Section scheduled to be repealed on January 1, 2026)

Sec. 8.1. Permit for the administration of anesthesia and sedation.

(a) No licensed dentist shall administer general anesthesia, deep sedation, or conscious sedation without first applying for and obtaining a permit for such purpose from the Department. The Department shall issue such permit only after ascertaining that the applicant possesses the minimum qualifications necessary to protect public safety. A person with a dental degree who administers anesthesia, deep sedation, or conscious sedation in an approved hospital training program under the supervision of either a licensed dentist holding such permit or a physician licensed to practice medicine in all its branches shall not be required to obtain such permit.

(b) In determining the minimum permit qualifications that are necessary to protect public safety, the Department, by rule, shall:

(1) establish the minimum educational and training requirements necessary for a dentist to be issued an appropriate permit;

(2) establish the standards for properly equipped dental facilities (other than licensed hospitals and

ambulatory surgical treatment centers) in which general anesthesia, deep sedation, or conscious sedation is administered, as necessary to protect public safety;

(3) establish minimum requirements for all persons who assist the dentist in the administration of general anesthesia, deep sedation, or conscious sedation, including minimum training requirements for each member of the dental team, monitoring requirements, recordkeeping requirements, and emergency procedures;

(4) ensure that the dentist has completed and maintains current certification in advanced cardiac life support or pediatric advanced life support and all persons assisting the dentist or monitoring the administration of general anesthesia, deep sedation, or conscious sedation maintain current certification in Basic Life Support (BLS); and

(5) establish continuing education requirements in sedation techniques and airway management for dentists who possess a permit under this Section.

When establishing requirements under this Section, the Department shall consider the current American Dental Association guidelines on sedation and general anesthesia, the current "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures" established by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, and the current parameters of care and Office Anesthesia Evaluation

(OAE) Manual established by the American Association of Oral and Maxillofacial Surgeons.

(c) A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers conscious sedation, and a valid written collaborative agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nurse Practice Act.

A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers deep sedation or general anesthesia, and a valid written collaborative agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nurse Practice Act.

For the purposes of this subsection (c), "nurse anesthetist" means a licensed certified registered nurse anesthetist who holds a license as an advanced practice registered nurse.

(Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18.)

(225 ILCS 25/17) (from Ch. 111, par. 2317)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17. Acts constituting the practice of dentistry. A person practices dentistry, within the meaning of this Act:

(1) Who represents himself or herself as being able to diagnose or diagnoses, treats, prescribes, or operates for

any disease, pain, deformity, deficiency, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaw; or

(2) Who is a manager, proprietor, operator or conductor of a business where dental operations are performed; or

(3) Who performs dental operations of any kind; or

(4) Who uses an X-Ray machine or X-Ray films for dental diagnostic purposes; or

(5) Who extracts a human tooth or teeth, or corrects or attempts to correct malpositions of the human teeth or jaws; or

(6) Who offers or undertakes, by any means or method, to diagnose, treat or remove stains, calculus, and bonding materials from human teeth or jaws; or

(7) Who uses or administers local or general anesthetics in the treatment of dental or oral diseases or in any preparation incident to a dental operation of any kind or character; or

(8) Who takes material or digital scans for final impressions of the human tooth, teeth, or jaws or performs any phase of any operation incident to the replacement of a part of a tooth, a tooth, teeth or associated tissues by means of a filling, crown, a bridge, a denture or other appliance; or

(9) Who offers to furnish, supply, construct, reproduce or repair, or who furnishes, supplies,

constructs, reproduces or repairs, prosthetic dentures, bridges or other substitutes for natural teeth, to the user or prospective user thereof; or

(10) Who instructs students on clinical matters or performs any clinical operation included in the curricula of recognized dental schools and colleges; or

(11) Who takes material or digital scans for final impressions of human teeth or places his or her hands in the mouth of any person for the purpose of applying teeth whitening materials, or who takes impressions of human teeth or places his or her hands in the mouth of any person for the purpose of assisting in the application of teeth whitening materials. A person does not practice dentistry when he or she discloses to the consumer that he or she is not licensed as a dentist under this Act and (i) discusses the use of teeth whitening materials with a consumer purchasing these materials; (ii) provides instruction on the use of teeth whitening materials with a consumer purchasing these materials; or (iii) provides appropriate equipment on-site to the consumer for the consumer to self-apply teeth whitening materials.

The fact that any person engages in or performs, or offers to engage in or perform, any of the practices, acts, or operations set forth in this Section, shall be prima facie evidence that such person is engaged in the practice of dentistry.

The following practices, acts, and operations, however, are exempt from the operation of this Act:

(a) The rendering of dental relief in emergency cases in the practice of his or her profession by a physician or surgeon, licensed as such under the laws of this State, unless he or she undertakes to reproduce or reproduces lost parts of the human teeth in the mouth or to restore or replace lost or missing teeth in the mouth; or

(b) The practice of dentistry in the discharge of their official duties by dentists in any branch of the Armed Services of the United States, the United States Public Health Service, or the United States Veterans Administration; or

(c) The practice of dentistry by students in their course of study in dental schools or colleges approved by the Department, when acting under the direction and supervision of dentists acting as instructors; or

(d) The practice of dentistry by clinical instructors in the course of their teaching duties in dental schools or colleges approved by the Department:

(i) when acting under the direction and supervision of dentists, provided that such clinical instructors have instructed continuously in this State since January 1, 1986; or

(ii) when holding the rank of full professor at such approved dental school or college and possessing a

current valid license or authorization to practice dentistry in another country; or

(e) The practice of dentistry by licensed dentists of other states or countries at meetings of the Illinois State Dental Society or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians; or

(f) The use of X-Ray machines for exposing X-Ray films of dental or oral tissues by dental hygienists or dental assistants; or

(g) The performance of any dental service by a dental assistant, if such service is performed under the supervision and full responsibility of a dentist. In addition, after being authorized by a dentist, a dental assistant may, for the purpose of eliminating pain or discomfort, remove loose, broken, or irritating orthodontic appliances on a patient of record.

For purposes of this paragraph (g), "dental service" is defined to mean any intraoral procedure or act which shall be prescribed by rule or regulation of the Department. Dental service, however, shall not include:

(1) Any and all diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structures.

(2) Removal of, or restoration of, or addition to

the hard or soft tissues of the oral cavity, except for the placing, carving, and finishing of amalgam restorations and placing, packing, and finishing composite restorations by dental assistants who have had additional formal education and certification.

A dental assistant may place, carve, and finish amalgam restorations, place, pack, and finish composite restorations, and place interim restorations if he or she (A) ~~has at least 4,000 hours of direct clinical patient care experience and~~ has successfully completed a structured training program as described in item (2) of subsection (g) provided by: ~~(A)~~ an educational institution accredited by the Commission on Dental Accreditation, such as a dental school or dental hygiene or dental assistant program, or (B) has at least 4,000 hours of direct clinical patient care experience and has successfully completed a structured training program as described in item (2) of subsection (g) provided by a statewide dental association, approved by the Department to provide continuing education, that has developed and conducted training programs for expanded functions for dental assistants or hygienists. The training program must: (i) include a minimum of 16 hours of didactic study and 14 hours of clinical manikin instruction; all training programs shall include areas of study in nomenclature, caries

classifications, oral anatomy, periodontium, basic occlusion, instrumentations, pulp protection liners and bases, dental materials, matrix and wedge techniques, amalgam placement and carving, rubber dam clamp placement, and rubber dam placement and removal; (ii) include an outcome assessment examination that demonstrates competency; (iii) require the supervising dentist to observe and approve the completion of 8 amalgam or composite restorations; and (iv) issue a certificate of completion of the training program, which must be kept on file at the dental office and be made available to the Department upon request. A dental assistant must have successfully completed an approved coronal polishing and dental sealant course prior to taking the amalgam and composite restoration course.

A dentist utilizing dental assistants shall not supervise more than 4 dental assistants at any one time for placing, carving, and finishing of amalgam restorations or for placing, packing, and finishing composite restorations.

(3) Any and all correction of malformation of teeth or of the jaws.

(4) Administration of anesthetics, except for monitoring of nitrous oxide, conscious sedation, deep sedation, and general anesthetic as provided in Section 8.1 of this Act, that may be performed only

after successful completion of a training program approved by the Department. A dentist utilizing dental assistants shall not supervise more than 4 dental assistants at any one time for the monitoring of nitrous oxide.

(5) Removal of calculus from human teeth.

(6) Taking of material or digital scans for final impressions for the fabrication of prosthetic appliances, crowns, bridges, inlays, onlays, or other restorative or replacement dentistry.

(7) The operative procedure of dental hygiene consisting of oral prophylactic procedures, except for coronal polishing and pit and fissure sealants, which may be performed by a dental assistant who has successfully completed a training program approved by the Department. Dental assistants may perform coronal polishing under the following circumstances: (i) the coronal polishing shall be limited to polishing the clinical crown of the tooth and existing restorations, supragingivally; (ii) the dental assistant performing the coronal polishing shall be limited to the use of rotary instruments using a rubber cup or brush polishing method (air polishing is not permitted); and (iii) the supervising dentist shall not supervise more than 4 dental assistants at any one time for the task of coronal polishing or pit and fissure sealants.

In addition to coronal polishing and pit and fissure sealants as described in this item (7), a dental assistant who has at least 2,000 hours of direct clinical patient care experience and who has successfully completed a structured training program provided by (1) an educational institution such as a dental school or dental hygiene or dental assistant program, or (2) by a statewide dental or dental hygienist association, approved by the Department on or before the effective date of this amendatory Act of the 99th General Assembly, that has developed and conducted a training program for expanded functions for dental assistants or hygienists may perform: (A) coronal scaling above the gum line, supragingivally, on the clinical crown of the tooth only on patients 12 years of age or younger who have an absence of periodontal disease and who are not medically compromised or individuals with special needs and (B) intracoronal temporization of a tooth. The training program must: (I) include a minimum of 16 hours of instruction in both didactic and clinical manikin or human subject instruction; all training programs shall include areas of study in dental anatomy, public health dentistry, medical history, dental emergencies, and managing the pediatric patient; (II) include an outcome assessment examination that demonstrates

competency; (III) require the supervising dentist to observe and approve the completion of 6 full mouth supragingival scaling procedures; and (IV) issue a certificate of completion of the training program, which must be kept on file at the dental office and be made available to the Department upon request. A dental assistant must have successfully completed an approved coronal polishing course prior to taking the coronal scaling course. A dental assistant performing these functions shall be limited to the use of hand instruments only. In addition, coronal scaling as described in this paragraph shall only be utilized on patients who are eligible for Medicaid or who are uninsured and whose household income is not greater than 200% of the federal poverty level. A dentist may not supervise more than 2 dental assistants at any one time for the task of coronal scaling. This paragraph is inoperative on and after January 1, 2026 ~~2021~~.

The limitations on the number of dental assistants a dentist may supervise contained in items (2), (4), and (7) of this paragraph (g) mean a limit of 4 total dental assistants or dental hygienists doing expanded functions covered by these Sections being supervised by one dentist.

(h) The practice of dentistry by an individual who:

(i) has applied in writing to the Department, in form and substance satisfactory to the Department, for

a general dental license and has complied with all provisions of Section 9 of this Act, except for the passage of the examination specified in subsection (e) of Section 9 of this Act; or

(ii) has applied in writing to the Department, in form and substance satisfactory to the Department, for a temporary dental license and has complied with all provisions of subsection (c) of Section 11 of this Act; and

(iii) has been accepted or appointed for specialty or residency training by a hospital situated in this State; or

(iv) has been accepted or appointed for specialty training in an approved dental program situated in this State; or

(v) has been accepted or appointed for specialty training in a dental public health agency situated in this State.

The applicant shall be permitted to practice dentistry for a period of 3 months from the starting date of the program, unless authorized in writing by the Department to continue such practice for a period specified in writing by the Department.

The applicant shall only be entitled to perform such acts as may be prescribed by and incidental to his or her program of residency or specialty training and shall not

otherwise engage in the practice of dentistry in this State.

The authority to practice shall terminate immediately upon:

- (1) the decision of the Department that the applicant has failed the examination; or
- (2) denial of licensure by the Department; or
- (3) withdrawal of the application.

(Source: P.A. 99-492, eff. 12-31-15; 99-680, eff. 1-1-17; 100-215, eff. 1-1-18; 100-976, eff. 1-1-19.)

(225 ILCS 25/17.1)

(Section scheduled to be repealed on January 1, 2026)

Sec. 17.1. Expanded function dental assistants.

(a) A dental assistant who has completed training as provided in subsection (b) of this Section in all of the following areas may hold himself or herself out as an expanded function dental assistant:

(1) Taking material or digital scans for final impressions after completing a training program that includes either didactic objectives or clinical skills and functions that demonstrate competency.

(2) Performing pulp vitality test after completing a training program that includes either didactic objectives or clinical skills and functions that demonstrate competency.

(3) Placing, carving, and finishing of amalgam restorations and placing, packing, and finishing composite restorations as allowed under Section 17.

(4) Starting the flow of oxygen and monitoring of nitrous oxide-oxygen analgesia as allowed under Section 17.

(5) Coronal polishing and pit and fissure sealants as allowed under Section 17.

All procedures listed in paragraphs (1) through (5) for dental assistants must be performed under the supervision of a dentist, requiring the dentist authorizes the procedure, remains in the dental facility while the procedure is performed, and approves the work performed by the dental assistant before dismissal of the patient, but the dentist is not required to be present at all times in the treatment room.

After the completion of training as provided in subsection (b) of this Section, an expanded function dental assistant may perform any of the services listed in this subsection (a) pursuant to the limitations of this Act.

(b) Certification and training as an expanded function dental assistant must be obtained from one of the following sources: (i) an approved continuing education sponsor; (ii) a dental assistant training program approved by the Commission on Dental Accreditation of the American Dental Association; or (iii) a training program approved by the Department.

Training required under this subsection (b) must also

include Basic Life Support certification, as described in Section 16 of this Act. Proof of current certification shall be kept on file with the supervising dentist.

(c) Any procedures listed in subsection (a) that are performed by an expanded function dental assistant must be approved by the supervising dentist and examined prior to dismissal of the patient. The supervising dentist shall be responsible for all dental services or procedures performed by the dental assistant.

(d) Nothing in this Section shall be construed to alter the number of dental assistants that a dentist may supervise under paragraph (g) of Section 17 of this Act.

(e) Nothing in this Act shall: (1) require a dental assistant to be certified as an expanded function dental assistant or (2) prevent a dentist from training dental assistants in accordance with the provisions of Section 17 or 17.1 of this Act or rules pertaining to dental assistant duties.

(Source: P.A. 100-215, eff. 1-1-18; 100-976, eff. 1-1-19.)

(225 ILCS 25/18) (from Ch. 111, par. 2318)

(Section scheduled to be repealed on January 1, 2026)

Sec. 18. Acts constituting the practice of dental hygiene; limitations.

(a) A person practices dental hygiene within the meaning of this Act when he or she performs the following acts under the

supervision of a dentist:

(i) the operative procedure of dental hygiene, consisting of oral prophylactic procedures;

(ii) the exposure and processing of X-Ray films of the teeth and surrounding structures;

(iii) the application to the surfaces of the teeth or gums of chemical compounds designed to be desensitizing agents or effective agents in the prevention of dental caries or periodontal disease;

(iv) all services which may be performed by a dental assistant as specified by rule pursuant to Section 17, and a dental hygienist may engage in the placing, carving, and finishing of amalgam restorations only after obtaining formal education and certification as determined by the Department;

(v) administration and monitoring of nitrous oxide upon successful completion of a training program approved by the Department;

(vi) administration of local anesthetics upon successful completion of a training program approved by the Department; and

(vii) such other procedures and acts as shall be prescribed by rule or regulation of the Department.

(b) A dental hygienist may be employed or engaged only:

(1) by a dentist;

(2) by a federal, State, county, or municipal agency or

institution;

(3) by a public or private school; or

(4) by a public clinic operating under the direction of a hospital or federal, State, county, municipal, or other public agency or institution.

(c) When employed or engaged in the office of a dentist, a dental hygienist may perform, under general supervision, those procedures found in items (i) through (iv) of subsection (a) of this Section, provided the patient has been examined by the dentist within one year of the provision of dental hygiene services, the dentist has approved the dental hygiene services by a notation in the patient's record and the patient has been notified that the dentist may be out of the office during the provision of dental hygiene services.

(d) If a patient of record is unable to travel to a dental office because of illness, infirmity, or imprisonment, a dental hygienist may perform, under the general supervision of a dentist, those procedures found in items (i) through (iv) of subsection (a) of this Section, provided the patient is located in a long-term care facility licensed by the State of Illinois, a mental health or developmental disability facility, or a State or federal prison. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in an order to the hygienist and a notation in the patient's record. Such order must be implemented within 120 days of its issuance, and

an updated medical history and observation of oral conditions must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a reexamination by the dentist.

(e) School-based oral health care, consisting of and limited to oral prophylactic procedures, sealants, and fluoride treatments, may be provided by a dental hygienist under the general supervision of a dentist. A dental hygienist may not provide other dental hygiene treatment in a school-based setting, including but not limited to administration or monitoring of nitrous oxide or administration of local anesthetics. The school-based procedures may be performed provided the patient is located at a public or private school and the program is being conducted by a State, county or local public health department initiative or in conjunction with a dental school or dental hygiene program. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in an order to the hygienist and a notation in the patient's record. Any such order for sealants must be implemented within 120 days after its issuance. Any such order for oral prophylactic procedures or fluoride treatments must be implemented within 180 days after its issuance. An updated medical history and observation of oral conditions must be performed by the hygienist

immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a reexamination by the dentist.

(f) Without the supervision of a dentist, a dental hygienist may perform dental health education functions and may record case histories and oral conditions observed.

(g) The number of dental hygienists practicing in a dental office shall not exceed, at any one time, 4 times the number of dentists practicing in the office at the time.

(h) A dental hygienist who is certified as a public health dental hygienist may provide services to patients: (1) who are eligible for Medicaid or (2) who are uninsured and whose household income is not greater than 200% of the federal poverty level. A public health dental hygienist may perform oral assessments, perform screenings, and provide educational and preventative services as provided in subsection (b) of Section 18.1 of this Act. The public health dental hygienist may not administer local anesthesia or nitrous oxide, or place, carve, or finish amalgam restorations or provide periodontal therapy under this exception. Each patient must sign a consent form that acknowledges that the care received does not take the place of a regular dental examination. The public health dental hygienist must provide the patient or guardian a written referral to a dentist for assessment of the need for further dental care at the time of treatment. Any indication or observation of a condition that could warrant the need for

urgent attention must be reported immediately to the supervising dentist for appropriate assessment and treatment.

This subsection (h) is inoperative on and after January 1, 2026 ~~2021~~.

(i) A dental hygienist performing procedures listed in paragraphs (1) through (4) of subsection (a) of Section 17.1 must be under the supervision of a dentist, requiring the dentist authorizes the procedure, remains in the dental facility while the procedure is performed, and approves the work performed by the dental hygienist before dismissal of the patient, but the dentist is not required to be present at all times in the treatment room.

(j) A dental hygienist may perform actions described in paragraph (5) of subsection (a) of Section 17.1 under the general supervision of a dentist as described in this Section.

(Source: P.A. 99-492, eff. 12-31-15; 100-976, eff. 1-1-19.)

(225 ILCS 25/18.1)

(Section scheduled to be repealed on January 1, 2021)

Sec. 18.1. Public health dental supervision responsibilities.

(a) When working together in a public health supervision relationship, dentists and public health dental hygienists shall enter into a public health supervision agreement. The dentist providing public health supervision must:

(1) be available to provide an appropriate level of

contact, communication, collaboration, and consultation with the public health dental hygienist and must meet in-person with the public health dental hygienist at least quarterly for review and consultation;

(2) have specific standing orders or policy guidelines for procedures that are to be carried out for each location or program, although the dentist need not be present when the procedures are being performed;

(3) provide for the patient's additional necessary care in consultation with the public health dental hygienist;

(4) file agreements and notifications as required; and

(5) include procedures for creating and maintaining dental records, including protocols for transmission of all records between the public health dental hygienist and the dentist following each treatment, which shall include a notation regarding procedures authorized by the dentist and performed by the public health dental hygienist and the location where those records are to be kept.

Each dentist and hygienist who enters into a public health supervision agreement must document and maintain a copy of any change or termination of that agreement.

Dental records shall be owned and maintained by the supervising dentist for all patients treated under public health supervision, unless the supervising dentist is an employee of a public health clinic or federally qualified

health center, in which case the public health clinic or federally qualified health center shall maintain the records.

If a dentist ceases to be employed or contracted by the facility, the dentist shall notify the facility administrator that the public health supervision agreement is no longer in effect. A new public health supervision agreement is required for the public health dental hygienist to continue treating patients under public health supervision.

A dentist entering into an agreement under this Section may supervise and enter into agreements for public health supervision with 2 public health dental hygienists. This shall be in addition to the limit of 4 dental hygienists per dentist set forth in subsection (g) of Section 18 of this Act.

(b) A public health dental hygienist providing services under public health supervision may perform only those duties within the accepted scope of practice of dental hygiene, as follows:

(1) the operative procedures of dental hygiene, consisting of oral prophylactic procedures, including prophylactic cleanings, application of fluoride, and placement of sealants;

(2) the exposure and processing of x-ray films of the teeth and surrounding structures; and

(3) such other procedures and acts as shall be prescribed by rule of the Department.

Any patient treated under this subsection (b) must be

examined by a dentist before additional services can be provided by a public health dental hygienist. However, if the supervising dentist, after consultation with the public health hygienist, determines that time is needed to complete an approved treatment plan on a patient eligible under this Section, then the dentist may instruct the hygienist to complete the remaining services prior to an oral examination by the dentist. Such instruction by the dentist to the hygienist shall be noted in the patient's records. Any services performed under this exception must be scheduled in a timely manner and shall not occur more than 30 days after the first appointment date.

(c) A public health dental hygienist providing services under public health supervision must:

(1) provide to the patient, parent, or guardian a written plan for referral or an agreement for follow-up that records all conditions observed that should be called to the attention of a dentist for proper diagnosis;

(2) have each patient sign a permission slip or consent form that informs them that the service to be received does not take the place of regular dental checkups at a dental office and is meant for people who otherwise would not have access to the service;

(3) inform each patient who may require further dental services of that need;

(4) maintain an appropriate level of contact and

communication with the dentist providing public health supervision; and

(5) complete an additional 4 hours of continuing education in areas specific to public health dentistry yearly.

(d) Each public health dental hygienist who has rendered services under subsections (c), (d), and (e) of this Section must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report must be completed in the manner specified by the Division of Oral Health in the Department of Public Health including information about each location where the public health dental hygienist has rendered these services. The public health dental hygienist must submit the form to the dentist providing supervision for his or her signature before sending it to the Division.

(e) Public health dental hygienists providing services under public health supervision may be compensated for their work by salary, honoraria, and other mechanisms by the employing or sponsoring entity. Nothing in this Act shall preclude the entity that employs or sponsors a public health dental hygienist from seeking payment, reimbursement, or other source of funding for the services provided.

(f) This Section is repealed on January 1, 2026 ~~2021~~.

(Source: P.A. 99-492, eff. 12-31-15; 99-680, eff. 1-1-17.)

(225 ILCS 25/38.2)

(Section scheduled to be repealed on January 1, 2026)

Sec. 38.2. Death or incapacitation of dentist.

(a) The executor or administrator of a dentist's estate or the legal guardian or authorized representative of a dentist who has become incapacitated may contract with another dentist or dentists to continue the operations of the deceased or incapacitated dentist's practice (if the practice of the deceased or incapacitated dentist is a sole proprietorship, a corporation where the deceased or incapacitated dentist is the sole shareholder, or a limited liability company where the deceased or incapacitated dentist is the sole member) for a period of ~~no more than~~ one year from the time of death or incapacitation of the dentist or until the practice is sold, whichever occurs first, if all the following conditions are met:

(1) The executor, administrator, guardian, or authorized representative executes and files with the Department a notification of death or incapacitation on a form provided by the Department, which notification shall include the following:

(A) the name and license number of the deceased or incapacitated dentist;

(B) the name and address of the dental practice;

(C) the name, address, and tax identification number of the estate;

(D) the name and license number of each dentist who will operate the dental practice; and

(E) an affirmation, under penalty of perjury, that the information provided is true and correct and that the executor, administrator, guardian, or authorized representative understands that any interference by the executor, administrator, guardian, or authorized representative or any agent or assignee of the executor, administrator, guardian, or authorized representative with the contracting dentist's or dentists' practice of dentistry or professional judgment or any other violation of this Section is grounds for an immediate termination of the operations of the dental practice.

(2) Within 30 days after the death or incapacitation of a dentist, the executor, administrator, guardian, or authorized representative shall send notification of the death or incapacitation by mail to the last known address of each patient of record that has seen the deceased or incapacitated dentist within the previous 12 months, with an explanation of how copies of the practitioner's records may be obtained. This notice may also contain any other relevant information concerning the continuation of the dental practice.

Continuation of the operations of the dental practice of a deceased or incapacitated dentist shall not begin until the

provisions of this subsection (a) have been met.

If the practice is not sold within the initial one-year period, the provision described in subsection (a) may be extended for additional 12-month periods by the Department. However, if the extension is approved, the extension shall not exceed 3 additional 12-month periods. Each extension must be granted prior to the expiration date of the prior extension and must be accompanied by a petition detailing the reasons for the extension that must be kept on file by the Department.

(b) The Secretary may terminate the operations of a dental practice operating pursuant to this Section if the Department has evidence of a violation of this Section or Section 23 or 24 of this Act. The Secretary must conduct a hearing before terminating the operations of a dental practice operating pursuant to this Section. At least 15 days before the hearing date, the Department (i) must notify, in writing, the executor, administrator, guardian, or authorized representative at the address provided, pursuant to item (C) of subdivision (1) of subsection (a) of this Section, and to the contracting dentist or dentists at the address of the dental practice provided pursuant to item (B) of subdivision (1) of subsection (a) of this Section, of any charges made and of the time and place of the hearing on the charges before the Secretary or hearing officer, as provided in Section 30 of this Act, (ii) direct the executor, administrator, guardian, or authorized representative to file his or her written answer to such

charges with the Secretary under oath within 10 days after the service on the executor, administrator, guardian, or authorized representative of the notice, and (iii) inform the executor, administrator, guardian, or authorized representative that if he or she fails to file such answer, a default judgment will be entered against him or her and the operations of the dental practice shall be terminated.

(c) If the Secretary finds that evidence in his or her possession indicates that a violation of this Section or Section 23 or 24 of this Act constitutes an immediate threat to the public health, safety, or welfare, the Secretary may immediately terminate the operations of the dental practice without a hearing. Upon service by certified mail to the executor, administrator, guardian, or authorized representative, at the address provided pursuant to item (C) of subdivision (1) of subsection (a) of this Section, and the contracting dentist or dentists, at the address of the dental practice provided pursuant to item (B) of subdivision (1) of subsection (a) of this Section, of notice of an order immediately terminating the operations of the dental practice, the executor, administrator, guardian, or authorized representative may petition the Department within 30 days for a hearing to take place within 30 days after the petition is filed.

(d) The Department may require, by rule, the submission to the Department of any additional information necessary for the

administration of this Section.

(Source: P.A. 94-1028, eff. 1-1-07.)

(225 ILCS 25/54.3)

(Section scheduled to be repealed on January 1, 2020)

Sec. 54.3. Vaccinations.

(a) Notwithstanding Section 54.2 of this Act, a dentist may administer vaccinations upon completion of appropriate training set forth by rule and approved by the Department on appropriate vaccine storage, proper administration, and addressing contraindications and adverse reactions. Vaccinations shall be limited to patients 18 years of age and older pursuant to a valid prescription or standing order by a physician licensed to practice medicine in all its branches who, in the course of professional practice, administers vaccines to patients. Methods of communication shall be established for consultation with the physician in person or by telecommunications.

(b) Vaccinations administered by a dentist shall be limited to influenza (inactivated influenza vaccine and live attenuated influenza intranasal vaccine). Vaccines shall only be administered by the dentist and shall not be delegated to an assistant or any other person. Vaccination of a patient by a dentist shall be documented in the patient's dental record and the record shall be retained in accordance with current dental recordkeeping standards. The dentist shall notify the

patient's primary care physician of each dose of vaccine administered to the patient and shall enter all patient level data or update the patient's current record. The dentist may provide this notice to the patient's physician electronically. In addition, the dentist shall enter all patient level data on vaccines administered in the immunization data registry maintained by the Department of Public Health.

(c) A dentist shall only provide vaccinations under this Section if contracted with and credentialed by the patient's health insurance, health maintenance organization, or other health plan to specifically provide the vaccinations allowed under this Section. Persons enrolled in Medicare or Medicaid may only receive the vaccinations allowed for under this Section from dentists who are authorized to do so by the federal Centers for Medicare and Medicaid Services or the Department of Healthcare and Family Services.

(d) The Department shall adopt any rules necessary to implement this Section.

(e) This Section is repealed on January 1, 2026 ~~2020~~.

(Source: P.A. 98-665, eff. 6-23-14.)

Section 99. Effective date. This Act takes effect upon becoming law.

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Statutes amended in order of appearance

225 ILCS 25/4	from Ch. 111, par. 2304
225 ILCS 25/8.1	from Ch. 111, par. 2308.1
225 ILCS 25/17	from Ch. 111, par. 2317
225 ILCS 25/17.1	
225 ILCS 25/18	from Ch. 111, par. 2318
225 ILCS 25/18.1	
225 ILCS 25/38.2	
225 ILCS 25/54.3	